

Effective on 12/06/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEES TRANSMITTAL For FY 2008

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 0.00)

Complete if Known

Application Number	10/577,896
Filing Date	May 1, 2006
First Named Inventor	Martinus Hack
Examiner Name	A. C. Witkowski
Art Unit	4193
Attorney Docket No.	92781-253569

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 22-0261			Deposit Account Name: Venable LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input type="checkbox"/> Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)		Fee (\$)	Fee (\$)
		50	25
Each independent claim over 3 (including Reissues)		210	105

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
	- 20 =	x	=			

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)		
	- 3 =	x	=		

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

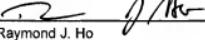
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	/50 =	(round up to a whole number) x	=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

SUBMITTED BY		Registration No (Attorney/Agent)	Telephone
Signature		41,838	(703) 760-1977
Name (Print/Type)	Raymond J. Ho	Date	June 19, 2008

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/577,896
Filing Date	May 1, 2006
First Named Inventor	Martinus Hack
Art Unit	4193
Examiner Name	A. C. Witkowski
Attorney Docket Number	92781-253569

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input checked="" type="checkbox"/> Statement Under 37 CFR 3.73(b)	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> - Yellow Filing Receipt
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	VENABLE LLP		
Signature			
Printed name	Raymond J. Ho		
Date	June 19, 2008	Reg. No.	41,838

Venable Filing Number

Atty. Docket No: 92781-253569

Attorney/LAA: RJH/srj

PTO Due Date: June 19, 2008

Title of Application: **INCREASED DROPLET PLACEMENT ACCURACY IN INKJET PRINTING**

Application No: 10/577,896

Filing Date: May 1, 2006

Patent No.:

Issue Date:

The following items were received from Venable LLP, Washington, D.C., by the U.S. Patent & Trademark Office on the date stamped hereon:

U.S. PTO FEES ENCLOSED

Transmittal Letter _____ Filing Fee

Fee Transmittal Letter _____ Search Fee

New U.S. Patent Application _____ Examination Fee

(____ pages of specification/claims)

Rule 53(d) Continued Prosecution Application _____ Additional Claim Fee

Rule 53(b) Continuation or Divisional Application
(attach copy of specification, claims, drawings and declaration) _____ Extension Fee

U.S. National Stage Application of PCT Application _____ IDS Fee

Request for Continued Examination (RCE) under 37 CFR 1.114 _____ Recordation Fee

Application Data Sheet _____ Notice of Appeal Fee

Substitute Specification _____ Brief on Appeal

Priority Document-Cert. Copy of _____ Oral Hearing Request Fee

Appln.#: ____; Country: ____; Date Filed: ____

Formal Drawings (____ sheets, Figs.) _____ Petition Fee

Inventor Declaration _____ Issue Fee

Assignment w/Cover Sheet _____ Publication Fee

Response to Notice to File Missing Parts _____ Certificate of Correction Fee

Response to Notice to File Missing Requirements _____ Maintenance Fee

Response to Requirement _____ Other Fees (Describe) _____

Information Disclosure Statement with cited references _____

Response _____

Amendment / Preliminary Amendment _____

Petition/Request for Extension of Time (mo. ext.) _____

Revocation and Power of Attorney _____

Statement Under 37 CFR 3.73(b) _____

Yellow Filing Receipt _____

Request for Non-Publication _____

Request to Rescind Non-Publication Request _____

Terminal Disclaimer _____

Notice of Appeal _____

Appeal Brief (*in triplicate*) / Reply Brief (*in triplicate*) _____

Request for Oral Hearing _____

Confirmation of Hearing Petition _____

Issue Fee Transmittal _____

Certificate of Correction _____

Maintenance Fee Transmittal _____

Status Inquiry _____

Other: (Please describe below) _____

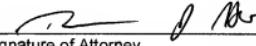
0.00 Total Fees Paid

Charge the above fees as follows:

USPTO Deposit Account No. 22-0261

USPTO Deposit Account No. _____

USPTO not to charge any Deposit Account

Reviewed By: 

Signature of Attorney

6/19/08

Date